

FINAL BILL REPORT

SHB 1138

C 67 L 14
Synopsis as Enacted

Brief Description: Creating a task force on mental health and suicide prevention in higher education.

Sponsors: House Committee on Higher Education (originally sponsored by Representatives Orwall, Haler, Blake, Carlyle, Kochmar, Reykdal, Appleton, S. Hunt, Pollet, Tarleton, Ortiz-Self, Gregerson, Bergquist, Ormsby, Senn, Riccelli, Ryu, Tharinger, Walkinshaw and Fey).

House Committee on Higher Education
Senate Committee on Higher Education
Senate Committee on Ways & Means

Background:

Suicide Statistics.

According to the Department of Health, suicide is the second leading cause of death for Washington youth between the ages of 10 and 24. Suicide rates among Washington youth are higher than the national average. In 2012 and 2013, over 200 youth between the ages of 18 and 24 died by suicide. In those same years, over 1,000 youth ages 18 to 24 required hospitalization due to a self-inflicted nonfatal injury. For each youth between the ages of 10 and 24 who dies by suicide, the average cost is nearly \$2,000,000 in future work loss and \$5,000 in medical costs. The estimated cost for each nonfatal suicide attempt that results in hospitalization is about \$11,000 in medical costs and \$24,000 in work loss.

According to the National Center for Veterans Studies at the University of Utah, veterans face an elevated risk of suicide as compared to the general population; nearly half of college students who are United States military veterans have had thoughts of suicide. Nearly 8 percent of veteran college students reported a suicide attempt compared to a little over 1 percent of other college students.

According to the National College Health Assessment Survey, sponsored by the American College Health Association, almost 10 percent of college students reported that they had seriously considered attempting suicide and 1.5 percent of students reported that they had attempted suicide, within the last school year.

Forefront.

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.

Forefront at the University of Washington focuses on introducing changes to suicide prevention by:

- educating and empowering individuals and communities to advocate for and to implement suicide prevention strategies;
- training health professionals to develop and sharpen skills in the assessment, management, and treatment of suicide risk;
- supporting secondary schools and colleges implementing comprehensive plans to promote mental health services; and
- guiding news media in responsible reporting on mental health and suicide that accurately portrays the reality of hope and recovery.

Summary:

A Task Force on Mental Health and Suicide Prevention at the Higher Education Institutions (Task Force) is created to determine what policies, resources, and technical assistance are needed to support the institutions in improving access to mental health services and improving suicide prevention responses. Certain agencies and experts must be members of the Task Force. Forefront at the University of Washington must staff the Task Force and convene the initial meeting.

The Task Force, in cooperation with the public and private institutions, must obtain data related to mental health services, suicide prevention and response, and deaths by suicide at the public and private institutions, including:

- protocols for responding to students in distress that cover intervention, treatment, reentry, and post-crisis intervention;
- data on on-campus use of student behavioral health services over the past five years; and
- information on the relationship between emotional distress and student withdrawal.

The Task Force must report its findings and recommendations to the Governor and Legislature by November 1, 2016, including a summary of:

- the data reviewed;
- the best practices and policies for providing mental health services and preventing suicide at the institutions;
- recommendations on resources and technical assistance required to increase awareness of behavioral health needs on campus; and
- recommendations to support the institutions in preventing suicide on campus.

The act expires July 1, 2017.

Votes on Final Passage:

House	91	6
Senate	49	0

Effective: July 24, 2015